

HI-DESERT MEDICAL CENTER

DATE: AUGUST 3, 1995

TO: OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD)
HEALTH POLICY AND PLANNING DIVISION

RE: RESPONSE TO CALIFORNIA HOSPITAL OUTCOMES REPORTS FOR
AMI ADMISSIONS BETWEEN AUGUST 26, 1990 AND MAY 31, 1992

Thank you for this opportunity to respond to the California Hospital Outcomes Reports.

Since receiving the report in June, we at Hi-Desert Medical Center (HDMC) have had an opportunity to review the data:

Health Information Services has validated that, with minor exceptions, OSHPD's data is an accurate reflection of the statistics at our facility.

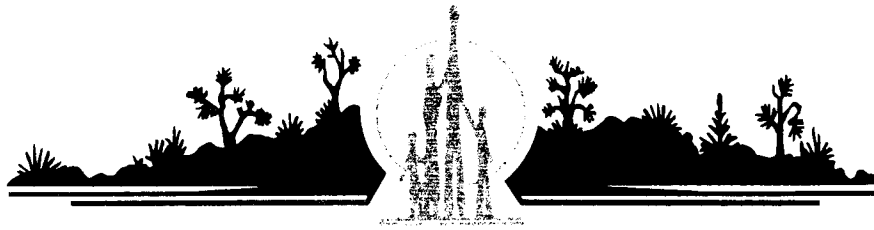
Based on our comprehensive review of OSHPD's data and the specific medical records which it reflects, you and any member of the public who request a copy of our statistical information, will be interested in the following findings:

HDMC is a 56 bed, acute care district hospital, located 35 miles north of Palm Springs. The Medical Center features a Critical Care Unit (Cardiac and Medical/Surgical) and a telemetry unit; comprehensive surgical facilities, including outpatient surgery; complete physical therapy, cardio-pulmonary, and Emergency Room departments; radiological and nuclear medicine services and a modern, full service laboratory, including outpatient facilities in the neighboring communities. In addition, we have a free-standing 120 bed Skilled Nursing Facility.

In reviewing the hospital's statistics, it is noted that although HDMC had one or more patients with adverse outcomes, they were not significantly different than expected.

Approximately 75% to 80% of our total admissions are Medicare patients. Additionally, the following points also factor in our adverse outcomes:

1. Our desert community is primarily comprised of retired persons, many who have come to the area for health related reasons.



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2. A lower cost of living in the Morongo Basin, results in an influx of less affluent elderly, who often do not adequately care for themselves or seek timely medical treatment.

3. There are three extended care facilities besides our Skilled Nursing facility, and three 'Board and Care' facilities in the area (approximately 456 bed capacity, not including our 120 bed facility) which consistently operate at a 95% plus occupancy.

HDMC has an excellent Quality Improvement, Risk Management, and Utilization Review program. On an on-going basis, these departments reviews charts, using criteria approved by the medical staff. If the chart fails to meet this criteria, the chart is then reviewed by the quality improvement physicians and appropriate action is taken if necessary. On a concurrent basis, the utilization review department reviews every admission within 24 working hours of admission and on a daily basis thereafter, using nationally recognized, quality criteria, to insure that the admission was necessary and that treatment was appropriate and timely. When a chart does not meet this criteria, it is promptly referred to a quality improvement physician for further review and appropriate action. This information is then appropriately shared with the Quality Improvement Committee (comprised of physicians, administration and registered nurses) on a monthly basis to assure the quality of individual care.

Again, thank you for the opportunity to present this response. If you or anyone receiving this material have additional questions, please do not hesitate to call.

Sincerely,

James R. Larson
CEO/President

Certified Mail: Z 141 245 395
Return Receipt Requested